

Specify Unit Location:

- ☐ CCRU - 502 N. Walnut Street
☐ DFRC - 1925 Linden Drive
☐ DFRC Farm - S8822 State Rd Hwy 78, PDS
☐ DFRC Farm - 2615 E. 29th St, Marshfield
☐ VCRU - 1575 Linden Drive
☐ VCRU - Russell Labs - 1630 Linden Drive
☐ VCRU - Sturgeon Bay - 4312 Hwy 42, SB
☐ FISH - GLWI, 600 E. Greenfield Ave, MKE

TO BE COMPLETED BY INCIDENT REPORTER

☐ Federal Employee ☐ Other

SUPERVISOR NAME:

- ☐ FAX COPY OF THIS REPORT TO LAO
 AT 608/890-0048 WITHIN 24 HRS
 OF INCIDENT/ACCIDENT

- ☐ Requires Workers Comp CA-1 Form to
 Be Completed

RETURN REPORT TO YOUR SUPERVISOR WITHIN 24 HRS OF INCIDENT

Date and Time of Incident or Accident	
Date _____ (Month/Date)	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Incident or Accident	
<input type="checkbox"/> Lab (Rm# _____)	<input type="checkbox"/> Office (Rm # _____) <input type="checkbox"/> Farm <input type="checkbox"/> Hallway <input type="checkbox"/> Stairway
<input type="checkbox"/> Other (specify): _____	
Type of Incident or Accident (check all that apply)	
<input type="checkbox"/> Fire/biological/chemical/radiological (Specify type) _____	
<input type="checkbox"/> Spill/environmental release/contamination/hazardous material (Specify type) _____	
<input type="checkbox"/> Security/vehicle accident/equipment accident/other property damage (Specify type) _____	
<input type="checkbox"/> Personal contamination/injury/fall (Specify type) _____	
<input type="checkbox"/> Other (specify) _____	
Description of Incident/Accident	
Description of Contributing Factors and Employee Suggestion How to Improve Process to Avoid Future Occurrence	

Notifications Completed at Time of Incident/Accident

- ☐ Fire ☐ Ambulance ☐ Police/Sheriff ☐ Hazmat ☐ UW-Security
☐ Supervisor ☐ Research Leader ☐ Family Member (specify): _____

Witnesses to the Incident/Accident

1. _____ 2. _____
3. _____ 4. _____

Action Causing Incident

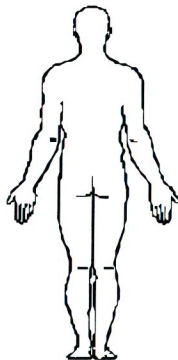
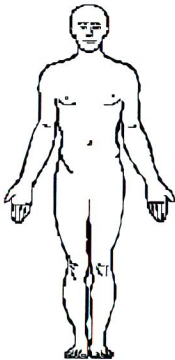
- ☐ Slippery/wet/icy surface ☐ Reaching for object ☐ Operating Equipment
☐ Footwear (shoes, sandals, bare feet) ☐ Protective Equipment not used ☐ Providing Assistance
☐ Faulty Equipment ☐ Not using proper equipment ☐ Unsafe act
☐ Bodily defect or prior injury ☐ Not following protocol ☐ Horseplay
☐ Other _____

Type of Injury

- ☐ Respiratory ☐ Muscular ☐ Skin Related ☐ Skeletal ☐ Puncture
☐ Burn ☐ Poisoning ☐ Bruise/Contusion ☐ Cut/Laceration/Abrasion
☐ Other _____

Specific Body Area of Injury (circle right or left)

- ☐ Head ☐ Neck ☐ Shoulder (R L) ☐ Arm (R L) ☐ Hand (R L) ☐ Wrist (RL)
☐ Elbow (R L) ☐ Leg (R L) ☐ Knee (R L) ☐ Ankle (R L) ☐ Foot (R L) ☐ Eyes (R L)
☐ Back ☐ Hip (R L) ☐ Internal ☐ Other _____



Clean-up or Corrective Action Taken at Time of Incident/Accident (if any)**Signature/Date of Person Completing Report**

Signature: _____

Date: _____